

Gaithersburg Youth Center Trip (Grades 6-8)

KINGS DOMINION

\$50 Members
Only

Thurs., April 13 9:00am-7:30pm

BOHRER PARK ACTIVITY CENTER
506 S. FREDERICK AVE.
GAITHERSBURG, MD 20877

KINGS DOMINION
16000 THEME PARK WAY,
DOSWELL, VA 23047

Registration Information:

Return Permission Slip &
Payment to City of
Gaithersburg:

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.

JOIN US FOR A TRIP TO KINGS DOMINION FOR A ROLLERCOASTER ADVENTURE!

THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 9:00AM AND
RETURN TO THE ACTIVITY CENTER AT 7:30PM

PARENTS MUST PICK UP THEIR MEMBER FROM THE ACTIVITY CENTER AT THE CONCLUSION OF THE TRIP.

****Program participants may be in groups which may or may not include a staff member****

Participants should bring money for food & drinks in the park. No outside food is permitted in the park.

For more information on park policies visit www.kingsdominion.com



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

Kings Dominion 4/13/17 #47290

☐ Check here if new address/phone since last time registered. City Resident ☐ Nonresident ☐

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____

Participant's Name	Sex (M/F)	Birthdate (M/D/Y)	Activity	Activity #	Date	Grade	School	Fee
			Kings Dominion	47290	04/13/17			\$50

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? Y ☐ N ☐

Please specify: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/DISC/AMEX# _____ Exp. Date ____/____/____
Signature (name on card) _____
Print Name _____

Office Use Only: 47290

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____

